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S.D. SEC. of STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Lake Andes Wave

2. DATE 11-16-04

3. FREQUENCY OF ISSUE Weekly

3A. NO. OF ISSUES PUBLISHED ANNUALLY 52

3B. ANNUAL SUBSCRIPTION PRICE $25.50 in State 34.50 out of State

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
P.O. Box 369, Lake Andes Charles Mix County, SD 57356-0369

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. Box 111 Beresford, SD 57004-0111

6. FULL NAME OF PUBLISHER: Craig & Mary Strickland

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
Printers Inc.	P.O. Box 111 Beresford SD 57004-0111

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.
Donald & Carol Howard 111 Lakeside Dr Lake Andes SD 57356-6874

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	440	440
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	140	130
2. Mail Subscription (Paid and or requested)	222	226
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	362	356
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	10	10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	372	366
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	66	72
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	440	440

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Jan Woods
(Signature)

11-16-04 - Managing Editor
(Title)

State of South Dakota)
§
County of Charles Mix)

(Seal)

Sworn to before me this 16 day of Nov, 2004

Glenda M. Haas
Notary Public

My commission expires: 1-30-2005

Form: SOS REC 051 7/2004